

DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION

Attorney Docket No. 8194-473

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled **METHODS AND SYSTEMS FOR REDUCING INTERFERENCE USING CO-CHANNEL INTERFERENCE MAPPING**,

the specification of which

☒ is attached hereto

OR

☐ was filed on _____ as United States Application No. or PCT International Application Number _____ and was amended on _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37 Code of Federal Regulations, §1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, § 119(a)-(d) or § 365(b) of any foreign application(s) for patent or inventor's certificate, or § 365(a) of any PCT International application which designated at least one country other than the United States of America, listed below and have also identified below any foreign application for patent or inventor's certificate, or of any PCT International application having a filing date before that of the application on which priority is claimed.

None			<input type="checkbox"/> Yes <input type="checkbox"/> No
Number	Country	MM/DD/YYYY Filed	Priority Claimed
			<input type="checkbox"/> Yes <input type="checkbox"/> No
Number	Country	MM/DD/YYYY Filed	Priority Claimed
			<input type="checkbox"/> Yes <input type="checkbox"/> No
Number	Country	MM/DD/YYYY Filed	Priority Claimed

I hereby claim the benefit under Title 35, United States Code, § 119(e) of any United States provisional application(s) listed below.

None	
Application Number(s)	Filing Date (MM/DD/YYYY)
Application Number(s)	Filing Date (MM/DD/YYYY)

I hereby claim the benefit under Title 35, United States Code, § 120 of any United States application(s) or § 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application(s) in the manner provided by the first paragraph of Title 35, United States Code, § 112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, § 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application (37 C.F.R. § 1.63(d)).

09/660,050	9/12/00	Pending
Appln. Serial No.	Filing Date	Status Patented/Pending/Abandoned
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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following registered attorney(s) and practitioners and registered attorney(s) and practitioners associated with the

Customer Number provided below to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

Stephen A. Calogero
Registration No. 41,491

John Han
Registration No. 41,403

Kermit D. Lopez
Registration No. 41,953

David K. Purks
Registration No. 40,133

Kevin A. Sembrat
Registration No. 36,673

Debra K. Stephens
Registration No. 38,211

Mark C. Terrano
Registration No. 40,200

Dennis J. Williamson
Registration No. 32,338

I. Nelson Wakefield
Registration No. 45,190

Gary R. Kuhn
Registration No. 44,198

Customer Number 20792

Send correspondence to:

Scott C. Hatfield
Myers Bigel Sibley & Sajovec
Post Office Box 37428
Raleigh, NC 27627

Direct telephone calls to:

D. Randal Ayers
(919)854-1400

Facsimile:

(919) 854-1401

Full name of (first/sole) inventor:

Karl James Molnar

Inventor's

Signature: Karl James Molnar Date: April 6, 2001

Residence:

Cary, North Carolina

Citizenship:

United States of America

Post Office Address:

110 Flying Leaf Court
Cary, North Carolina 27513

20792-0000

Inventor's

Signature:

Paul W. Lott

Date: _____

6 April 2001

Residence:

Pittsboro, North Carolina

Citizenship:

Great Britain

Post Office Address:

637 Eagle Point Road

Pittsboro, North Carolina 27312

Variable	Mean	SD	Min	Max
Age	34.2	10.5	20	55
Gender	0.5	0.5	0	1
Marital status	0.6	0.5	0	1
Education	12.5	1.5	10	15
Income	1500	500	1000	2500
Health status	0.8	0.2	0	1
Smoking status	0.3	0.5	0	1
Alcohol consumption	0.2	0.4	0	1
Exercise frequency	0.5	0.5	0	1
Stress level	0.7	0.3	0	1
Depression score	0.4	0.4	0	1
Life satisfaction	0.6	0.3	0	1
Quality of life	0.7	0.2	0	1
Healthcare utilization	0.5	0.5	0	1
Health insurance status	0.9	0.1	0	1
Healthcare access	0.8	0.2	0	1
Healthcare cost	1000	300	500	2000
Healthcare quality	0.7	0.2	0	1
Healthcare satisfaction	0.6	0.3	0	1
Healthcare utilization frequency	0.5	0.5	0	1
Healthcare utilization cost	500	150	250	1000
Healthcare utilization quality	0.6	0.2	0	1
Healthcare utilization satisfaction	0.5	0.3	0	1
Healthcare utilization frequency cost	250	75	125	500
Healthcare utilization frequency quality	0.5	0.5	0	1
Healthcare utilization frequency satisfaction	0.4	0.4	0	1
Healthcare utilization cost quality	0.6	0.2	0	1
Healthcare utilization cost satisfaction	0.5	0.3	0	1
Healthcare utilization quality satisfaction	0.6	0.2	0	1
Healthcare utilization frequency cost quality	0.5	0.3	0	1
Healthcare utilization frequency cost satisfaction	0.4	0.4	0	1
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